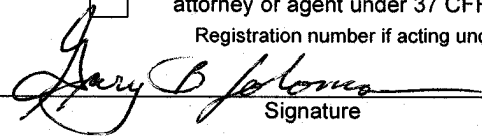


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|   |        |   |                         |
|---|--------|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |        | Docket Number (Optional)<br>11000128-0006 |                         |
| Application Number<br>10/809,015 - Conf. #7839  |        | Filed<br>March 25, 2004                   |                         |
| For CREDIT CARD REFERRAL METHODS  |        |   |                         |
| Art Unit<br>2876  |        | Examiner<br>Daniel St. Cyr                |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |        |   |                         |
|   |        | <u>Fee</u>                                | <u>Small Entity Fee</u> |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120  | \$60                                      | \$ 60.00                |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450  | \$225                                     | \$                      |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020 | \$510                                     | \$                      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590 | \$795                                     | \$                      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160 | \$1080                                    | \$                      |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |        |   |                         |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |        |   |                         |
| <input checked="" type="checkbox"/> Payment by credit card.   |        |   |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |        |   |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-3140</u>   |        |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.   |        |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |        |   |                         |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>44,347</u>  |        |   |                         |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |        |   |                         |
| <br>Signature  |        | <u>June 24, 2009</u><br>Date              |                         |
| <u>Gary B. Solomon</u><br>Typed or printed name   |        | <u>(214) 259-0941</u><br>Telephone Number |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |        |   |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |        |   |                         |